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were distributed as follows: January, 4; February, 2; March, 17; April, 14; May, 12; June and July, 1 each; August, 4; September, 0; October, 2; November, 1; December, 5 cases. Of the deaths 31 were of men, 32 of women.

None of the deceased had previously had smallpox. Of the deaths among men 2 were of old soldiers, whose term of military service dated back 50 and 28 years.

As regards the form of the disease in the fatal cases the confluent and hemorrhagic were the most frequent, in only 7 cases a discreet outbreak of postules being observed.

The following table shows the ages, the course of the disease, and the degree of protection by vaccination in the 345 cases:

Protection by vaccination.	Course of disease.	Age.										Total.
		1 year.	2 years.	3 to 10 years.	11 to 20 years.	21 to 30 years.	31 to 40 years.	41 to 50 years.	51 to 60 years.	Over 60 years.		
Unvaccinated.....	Died.....	14	2	4	1	1	.....	.....	.....	.....	22	
	Serious to medium.....	1	1	4	7	4	.....	1	.....	.....	18	
	Light.....	8	1	4	1	3	.....	.....	1	.....	18	
Unknown.....	Died.....	.....	.....	1	1	3	1	3	4	1	14	
	Serious to medium.....	.....	.....	4	3	.....	.....	2	.....	.....	9	
	Light.....	.....	.....	1	1	.....	.....	.....	1	1	4	
Unsuccessfully vaccinated.....	Died.....	.....	.....	1	1	.....	.....	1	.....	.....	3	
	Serious to medium.....	.....	1	.....	1	1	.....	1	.....	1	5	
	Light.....	.....	.....	.....	.....	.....	.....	1	.....	1	2	
Vaccinated too late.....	Died.....	2	.....	.....	.....	.....	.....	.....	.....	.....	2	
	Serious to medium.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	
	Light.....	2	1	2	1	.....	.....	.....	.....	.....	6	
Vaccinated once.....	Died.....	.....	.....	.....	.....	.....	.....	2	4	4	10	
	Serious to medium.....	.....	.....	3	5	6	2	11	7	3	37	
	Light.....	.....	.....	6	11	13	5	11	4	5	55	
Revaccinated too late.....	Died.....	.....	.....	.....	.....	.....	.....	2	.....	1	3	
	Serious to medium.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	
	Light.....	.....	.....	2	2	1	3	6	1	4	19	
	Not stated.....	.....	.....	.....	1	.....	.....	.....	1	.....	2	
Revaccinated.....	Died.....	.....	.....	.....	.....	1	5	1	.....	2	9	
	Serious to medium.....	.....	.....	.....	.....	7	5	6	3	1	22	
	Light.....	.....	.....	.....	9	17	19	19	13	5	82	
	Not stated.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	
		28	6	31	44	60	40	67	40	29	345	

## COPY OF STATEMENT PREPARED AT A MEETING OF BRITISH AND COLONIAL DELEGATES, BERGEN, AU- GUST, 1909.

A report on the Second International Conference on Leprosy, held in Bergen, Norway, August 16 to 19, 1909, made by Passed Asst. Surg. Donald H. Currie, appeared in the Public Health Reports for September 17, 1909. The conference adopted certain resolutions, a copy of which will be found included in Doctor Currie's report.

The British and certain colonial delegates passed additional resolutions which have been printed as a part of the report of the British delegates.

These resolutions are as follows:

We, the undersigned delegates from the British and certain colonial governments unanimously approve the resolutions adopted by the

Second International Scientific Conference on Leprosy, held at Bergen, August 16 to 19, 1909. At a special meeting held by us on the 20th of August we agreed to the following additional resolutions:

1. Leprosy is spread by direct and indirect contagion from persons suffering from the disease. The possibility that indirect contagion may be effected by fleas, bugs, lice, the itch, parasites, etc., has to be borne in mind. Leprosy is most prevalent under conditions of personal and domestic uncleanness and overcrowding, especially where there is close and protracted association between the leprous and nonleprous.

2. Leprosy is not due to the eating of any particular food, such as fish.

3. There is no evidence that leprosy is hereditary; the occurrence of several cases in a single family is due to contagion.

4. In leprosy an interval of years may elapse between infection and the first recognized appearance of disease. It is a disease of long duration, though some of its symptoms may be quiescent for a considerable period and then recur.

5. The danger of infection from leprous persons is greater when there is discharge from mucous membranes or from ulcerated surfaces.

6. Compulsory notification of every case of leprosy should be enforced.

7. The most important administrative measure is to separate the leprous from the nonleprous by segregation in settlements or asylums.

8. In settlements home life may be permitted under regulation by the responsible authorities.

9. The preceding recommendations, if carried out, will provide the most efficient means of mitigating the leper's suffering and of assisting in his recovery, and at the same time will produce a reduction and ultimate extinction of the disease.

ARTHUR NEWSHOLME, M. D.,  
MALCOLM MORRIS, K. C. V. O.,  
*Delegates of the British Government.*

R. J. BULL, M. D.,  
*Delegate of the Commonwealth of Australia.*

CHARLES F. K. MURRAY, M. D.,  
*Delegate for the Colonies of the Cape of Good Hope and Natal.*

GEORGE TURNER,  
*Delegate from the Colonies of the Transvaal and Orange River.*

ALLAN PERRY, M. D.,  
*Delegate from Ceylon.*

J. E. GODFREY,  
*Delegate from the Colonies of British Guiana and the Bahamas.*

B. GLANVILL CORNEY,  
*Delegate from the Colony of Fiji.*

AUGUST 20, 1909.